UCSF Medsounds Newsbreak

Weekly News for the UCSF Community VOL. 12, NO. 14 JULY 8, 1997

UCSF, Stanford form evidence-based center

By REBECCA HIGBEE

UCSF and Stanford University will collaborate on a new program designed to help patients and health care providers sort through the myriad of options and information available for common medical conditions.

The collaboration, between the respective medical schools and not part of the clinical merger, will create a large "evidence-based practice" program sponsored by the Agency for Health Care Policy and Research of the US Department of Health and Human Services. The Agency has awarded five-year contracts to 12 institutions across the nation and Canada to serve as evidence-based practice centers, including UCSF and Stanford as a joint center.

"Evidence-based medicine has been a defining principle in much of the previous work in many areas of medicine at both UCSF and Stanford, and we have a long history of successful collaboration, particularly in health services and outcomes research," says A. Eugene Washington, professor and chair, UCSF department of obstetrics, gynecology and reproductive sciences, and project director for the joint center.

"Through this new center, we have an excellent opportunity to further enhance the effectiveness and quality of care in several clinical disciplines," he adds.

The centers are charged with reviewing all scientific literature on assigned medical topics and conducting additional analysis when appropriate. The centers also will conduct relative cost analysis and issue guidelines for making treatment decisions.

The findings will be produced as evidence reports and will serve as the scientific foundation for health care organiza-

(See **Center** on page 4)

Patients learn art of spiritual healing

By VINCE PEARSON

Jason Tokumoto, an AIDS clinic physician, says he finally "came out of the closet" in his advocacy for spiritual healing as a complement to conventional therapy two years ago when he admitted to a patient his concern for her spiritual well-being.

Tokumoto says the patient reacted first with surprise and then joy and ever since, he has incorporated the spiritual component into his practice.

"Many of my colleagues don't accept it as part of care because it's difficult to define or conduct studies on the role of spirituality," says Tokumoto. "But I can tell you personally that I have 100 patients and those who have this spiritual part seem to do much better."

Tokumoto helped to organize the "Spirituality and HIV Healing Retreat — the UCSF AIDS Clinic's first foray into the controversial realm of spiritual health care. About 30 patients from the clinic attended the day-long event.

"Putting this thing together, we had a talk with the rest of the staff and everyone felt that there was a need," Tokumoto says. "One of the staff members said, 'Jason, I'm glad someone finally broke the ice on this subject.'"

Ken Farber, director of the Mindfulness Based Stress Reduction and Well-Being Program — an eight-week healing-through-meditation workshop at the Institute of Healing Arts and Sciences at UCSF — echoes those sentiments. He spoke about the challenge of promoting spiritual healing in an institution that only recently announced its decision to study the mind-body connection. Over the last year, Farber has been pleased to see signs of a growing interest in the role of spirituality and other integrative methods of medicine at UCSF. (See the April issue of UCSF Magazine.)

The latest example of the changing attitude on campus, the June 24 retreat was designed to support the belief that spirituality and integrative therapies can play a significant role in the recovery process.

Farber began the healing retreat with an introduction to the principles of mindfulness meditation. He describes it as an "awareness practice" that helps patients manage the stress, pain, and suffering that come with chronic illness.

"It goes way beyond stress reduction," he says. "It's a way to be more deeply in touch with what we feel; to notice ways in which we create suffering for ourselves; and to be able to manage our suffering in a more skillful way."

The second workshop was conducted by Don Goewey, executive director of the Sausalito-based Center for Attitudinal Healing. Goewey teaches that love is the most important healing force in the world and that health is inner peace.

Retreat participants generally gave the event high marks, although there were a few cynics. Many had no previous experience with either meditation or attitudinal healing techniques.

John Embling, a patient at SFGH's Ward 86, called the program "powerful." "I've been skeptical of anything new age, but I have HIV, and medicine hasn't offered me any hope," he said.

Another participant and patient of the AIDS clinic, Paul Osowski, said, "It's nice to have a program that isn't frustrating — that isn't something you're doing to strategize about how you are going to survive against the virus. It's a chance to realize that having AIDS and going through all the crap we do has value on its own. That whether or not we are successful, we can be mindful in our daily lives."

But, some might ask, doesn't that go beyond the scope of health care?

Not according to co-organizer, nurse practitioner Susan Shea, who works at the AIDS/HIV Clinic. "We need more humanness in the care that we give. Spirituality is a way to make us feel connected in a world that's difficult to understand. And I think there is research coming out that suggests that if you feel connected, that affects your ability to rebound from illness."

The AIDS Clinic hopes to make the spirituality retreat an annual event.

Robert Foothorap

Jennifer Sampling-Barre, left, and husband, Sean Barre, share a moment with Joyce Trompeta, UCSF transplant coordinator.

Man gives wife gift of life at UCSF

While some couples may adhere to the age-old advice to give paper gifts on their first wedding anniversary, a couple of patients at UCSF had something more substantial in mind.

Jennifer Sampling-Barre and Sean Barre celebrated their first year of marriage on July 13 after he gave her his kidney during a successful transplant at the UCSF Medical Center.

The two met in 1982 in the sixth grade and dated while attending Moraga's Campolindo High School. Last summer, they married and moved to the Chicago area. A few months later, Jennifer found she was losing a battle with renal disease and needed a kidney transplant. Sean turned out to be more than just a compatible partner. Tests showed they shared the same ABO blood type, their blood antibodies were similar, and their "crossmatch" of specific blood components was negative for an outright rejection reaction.

"The decision was automatic. There was never a question in my mind about what to do," says Sean about the moment he discovered he could give one of his healthy kidneys to his wife.

Although not blood relatives, Jennifer and Sean, both 27, were candidates for a procedure known as a living unrelated transplant.

The couple had returned to the Bay Area and UCSF for the surgery on June 5 because Jennifer previously had been treated at UCSF as a child.

A few weeks ago in the 4 1/2-hour transplant procedure, UCSF surgeons removed one of Sean's healthy kidneys and transplanted it into Jennifer, who was on an adjacent operating room table. UCSF assistant professors of surgery Peter Stock and Chris Freise headed the surgical teams for Jennifer and Sean, respectively.

Results have been amazingly good. They both walked out of UCSF Medical Center after only four days.

Living unrelated organ transplantation has become the fastest growing area of organ donation, and the most common source of the donor organ is the recipient's spouse, says Stephen Tomlanovich, UCSF assistant clinical professor of medicine and associate professor of surgery. Over the past five years, living unrelated kidney transplants have increased to about 10 percent of all kidney transplants performed at UCSF, he says.

Next month marks the 30th anniversary of the first living unrelated kidney transplant performed by a UCSF team. Another husband-wife couple, who distinguished themselves as the world's oldest kidney donor and recipient, are reported to be doing "great."

UCSF expects to perform its 5,000th kidney transplant in the fall. "The reason kidney transplants work so well today is because of the new drugs we have to prevent organ rejection," says William Amend, clinical professor of medicine and surgery.

—Mary Jean Pramik

Diane Adam

Jackie Jew, manager of the UCSF pediatrics department, joins UCSF and Stanford pediatrics chairs Larry Shapiro, left, and Harvey Cohen at a recent UCSF Stanford faculty reception at Kohl Mansion in Burlingame.

Integrating pediatrics holds promise for kids

By LISA CISNEROS

Soon after UCSF and Stanford pediatric chairs heard that preliminary discussions had begun to merge patient care services of both universities, the two met to talk about their vision for combining children's health services.

Not surprisingly, long-time pediatricians Larry Shapiro of UCSF and Harvey Cohen of Stanford shared a strong conviction right from the start that the welfare of California depends on providing the best medical and preventive health care for its children. During an early meeting more than a year ago, they drafted principles that have helped guide ongoing efforts to integrate children's health services for UCSF Stanford Health Care.

"From the very beginning of planning for UCSF Stanford Health Care it was recognized that children's services would occupy a special niche," Shapiro says.

The UCSF Stanford Leadership Group recently approved a proposal that aligns the clinical organizations of both campuses under a unified physician leadership and management structure. (See organization chart on page 3.)

"What we're really hoping to do in the creation of UCSF Stanford children's health services is to bring all the people together who have a focus on children's needs and to put them in a common operating framework where they can focus on common goals and share incentives and information systems," says Shapiro.

The challenge in creating a menu that covers the full-range of specialty services independently is that one institution may not have the patients and revenues needed to support them.

"It becomes impractical for even two universities as big and with as many resources as Stanford and UCSF to support the full-range of services independently to say nothing of being able to

(See **Pediatrics** on page 3)

Basbaum named chair of anatomy department

Allan I. Basbaum, UCSF professor of anatomy and physiology, has been named new chair of the department of anatomy in UCSF's School of Medicine.

Basbaum

Basbaum studies how the nervous system is altered by persistent injury and how those alterations influence the development of chronic pain. He is a member of the W.M. Keck Foundation Center for Integrative Neuroscience at UCSF.

His research has led to numerous distinctions, including the recent F.W.L. Kerr Memorial Prize of the American Pain Society and the Bristol-Myers Squibb Prize for Distinguished Achievement in Pain Research.

Basbaum is currently the treasurer of the International Association for the Study of Pain, serves on several editorial boards and is the Systems Neurobiological Section Editor for the Journal of Neuroscience.

His research interests concern the transmission and control of pain messages, including the organization of endorphin-mediated pain control systems. Most recently, he has been studying how the nervous system is altered in the setting of persistent injury. Basbaum is also examining how populations of neurons contribute to pain behavior and how those populations are regulated by analgesic drugs.

He succeeds Henry J. Ralston III, who has served as chair for 24 years and who will continue to hold an appointment as UCSF professor of anatomy and teach.

In his new post, Basbaum wants to build upon the strength of the department, particularly in developmental biology, through recruitment of new faculty and renovation of existing laboratories. "I believe our research program will be enhanced by improving facilities to provide an open environment where outstanding faculty members and their students and fellows can work and interact more effectively."

Basbaum also plans to maintain the "very strong teaching tradition" established by Ralston that has won the anatomy department numerous awards.

Basbaum has achieved honors for his own teaching. He has won several UCSF teaching awards, including last year's Second-Year Medical Students Award for an Outstanding Lecture Series and this year's First-Year Medical Students Award for an Outstanding Lecture.

Basbaum began his research into pain mechanisms as an undergraduate at McGill University in Canada, where he grew up. After receiving his PhD at the University of Pennsylvania in 1972, he did postdoctoral work at the University College London.

He has published numerous papers and has been invited to speak on topics related to pain and neuroscience at symposia around the world.

Basbaum is also the president of the board of directors of the French American International School and is on the board of the National Center for International Schools. He is part of a major effort to build a new international school in San Francisco that combines curricula in several languages.

Basbaum lives in San Francisco with his wife, Carol B. Basbaum, professor of anatomy in the UCSF School of Medicine and the UCSF Cardiovascular Research Institute, and has two children.

— Jeffrey Norris

Chris T. Anderson

Peers think highly of professor emeritus

UCSF Professor Emeritus Betty Highley, left, enjoys a moment with her former student Barbara Durand during a June 12 dedication of a conference room to Highley in her name.

Beginning with her recruitment by Dean Emeritus Helen Nahm in 1960, Highley had a distinguished career in the School of Nursing until she retired in 1988. Through her roles as nurse, educational administrator, teacher and photographer, Highley shaped the future of the department of faculty health care nursing, the School of Nursing and graduate education for maternal-child and family nursing.

Some 60 colleagues attended the dedication ceremony, including Durand, a member of the UCSF nursing faculty from 1971 to 1988 and now professor and dean of the College of Nursing at Arizona State University in Tempe.

Private Support

UCSF is pleased to acknowledge the following listing of gifts/pledges of $25,000 or more from individuals, corporations and foundations received June 16-21, 1997.

$100,000 - $499,999
Anesthesia Research Foundation
Homeland Foundation

$25,000 - $99,999
Bank of America - Giannini Foundation
Estate of Elva D. Bradley
Chiron Corporation
Joseph Drown Foundation
Mr. and Mrs. Sylvan Gross
Hologic Inc.
Nike Inc.

Publications

Mardi J. Horowitz, professor of psychiatry, author, "Formulation for Planning Psychotherapy Treatment" (American Psychiatric Press, 1997).

Carolyn Weiner, sociologist in the department of physiological nursing, co-editor, "Where Medicine Fails" (Transaction Publishers, New Brunswick, NJ, 1997) with the late Anselm L. Strauss, former professor emeritus of sociology.

Contracts & Grants

C. Anthony Hunt, professor of pharmaceutical chemistry and Michael Cooper, adjunct professor of Information Management and Systems received $56,429 for two years from the President's Industry-University Cooperative Research Program. The objective of their project titled "Health Informatics - Emerging UC-Industry Linkages" is to profile the emerging California health informatics enterprise and its existing and potential linkages to research and advanced training at the University of California. Researchers also will assess the impact of health care informatics on the need for various health care professionals and characterize California's anticipated changes in scientific and engineering workforce needs in health informatics.

Mohammed Kashani-Sabet, clinical instructor of dermatology: Awarded the 1997 Clinical Career Development Award of $40,000 by the Dermatology Foundation.

Lawrence Kim, Awarded one-year grant from the Glaxo Wellcome Institute for Digestive Health to pursue medical research in gastrointestinal disease for his project titled, "Prospective Comparison of Patients Perception During Barium Enema, Flexible Sigmoidscopy and Colonoscopy." Since its inception, the institute has provide more than $4 million in support of independent scientific research.

Shining 'star' brightens School of Medicine

After 18 years in the UCSF department of nursing, Carol Broderick, a senior analyst who began as an administrative assistant in nursing education, recently made a career change. She's moved on to the School of Medicine.

Broderick

"I feel like I had every job in the nursing department," says Broderick, whose job description grew considerably over time.

By the end of her tenure, Broderick was responsible for benefits, recruitment and other personnel matters. She managed Medical Center nursing data and produced multi-variate analysis regarding hiring, evaluations and demographics. Broderick was also a campus resource for finding people to represent UCSF at nursing recruitment programs across the nation.

Her expertise will be missed, says Jane Hirsch, director of nursing.

"She was our expert on all departmental leave policies, including the Family Leave Act, which is very complex. She was just a real star in dealing with that and consulting with the nurses," Hirsch says.

Broderick says helping her co-workers was one of her favorite aspects of the job. "It's a lot of work and a lot of fun because I get to meet the employees."

Broderick expects to be in charge of similar duties at the School of Medicine and is looking forward to the challenge of becoming as integral there.

For two decades of service in the department of nursing, and for continuing her dedicated service to the University, Broderick has earned our THANKS.

THANKS!
"To Honor, Acknowledge, and Note Kindness and Service"

Coughlin heads CVRI

Shaun R. Coughlin, a professor of medicine who has served as associate director of UCSF's Cardiovascular Research Institute (CVRI) since 1992, is the new director of the CVRI.

Coughlin

Coughlin, 42, focuses on the study of signal transduction, the molecular mechanisms through which cells respond to their surroundings. He and his colleagues have greatly advanced scientific understanding of how signaling molecules called proteases communicate with cells.

One such protease, thrombin, causes the formation of blood clots. Obstruction of a coronary artery due to such a blood clot may result in a heart attack.

In 1991 Coughlin and a UCSF team cloned the gene encoding a thrombin receptor, which spans the membranes of cells involved in clotting. Thrombin must attach to and cleave this receptor, so that the receptor, once activated, can initiate signal transduction within the cell. Earlier this year Coughlin's laboratory team reported the discovery of a second thrombin receptor, which may be important for a variety of cellular events associated with the development of cardiovascular disease.

Researchers at the CVRI, created in 1958 to further understand cardiovascular and pulmonary disease and to develop new treatments, were among the first investigators in the field of cardiovascular research to use recombinant DNA approaches to study heart disease. They remain at the forefront of this work.

At UCSF, Coughlin also heads the Daiichi Research Center, the largest joint venture between UCSF and a corporate research sponsor. Daiichi Pharmaceutical Co., Ltd., of Tokyo, is providing $19.8 million to the Center over five years for research geared toward understanding the molecular basis for the development of atherosclerosis, the life-threatening deposition of cells, connective tissue and fatty deposits that clog major arteries.

Coughlin received bachelors' degrees in biology and physics and a master's degree in biochemistry from the Massachusetts Institute of Technology in 1976. At MIT he also earned a doctorate in neural and endocrine regulation in 1981. He completed his MD at Harvard Medical School in 1982. Coughlin then served as an intern and resident at Massachusetts General Hospital.

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UCSF Stanford unveils organizational chart

By BILL GORDON

After months of discussion and planning, a unified UCSF Stanford Health Care began to take shape last week as senior managers unveiled the organizational structure of the merged enterprise at meetings for medical center managers in San Francisco and Palo Alto.

Although the organization charts unveiled at the meetings served as a reminder of the size and complexity of the merged entity, they also revealed how significantly clinical services and operations will be shared across campuses.

Bill Kerr, chief operating officer of UCSF Stanford Health Care, told management staff at UCSF that the new organization represents a "significant step" toward a more efficient, market-responsive operation.

While there are a number of changes in management positions as a result of the new structure, the new organization actually represents an overall reduction in management positions, Kerr explained.

UCSF Stanford's central administration will operate departments overseeing operations in San Francisco and Palo Alto. These departments include finance, the chief medical officer's organization, strategic development, human resources, organizational development and communications, and information services. Senior officers for all of these departments already have been named, with the exception of the chief financial officer and chief information officer. National searches are being conducted to fill these positions.

Unification at the operations level includes single, cross-campus management of shared services such as clinical laboratories, home care, general services, and patient transport, dispatch and transfer.

The organizational structure also is intended to shape the way the patients and health care providers relate to the merged medical center. The proposed management structure links operations and clinical activities between the campuses and between the medical and administrative leadership to support the creation of clinical "service lines."

A service line is a market-based offering focused on a specific disease, such as cancer; a specific population, such as women and children; or a specific organ or procedure. Bruce Wintroub, chief medical officer, explained the concept recently in "Faculty Focus." "In some cases, service lines may offer multiple programs and integrate multiple specialties," he said. "The purpose of a service line is to offer programs desired by our patients, referral sources and the market and to ensure that they are most effectively delivered."

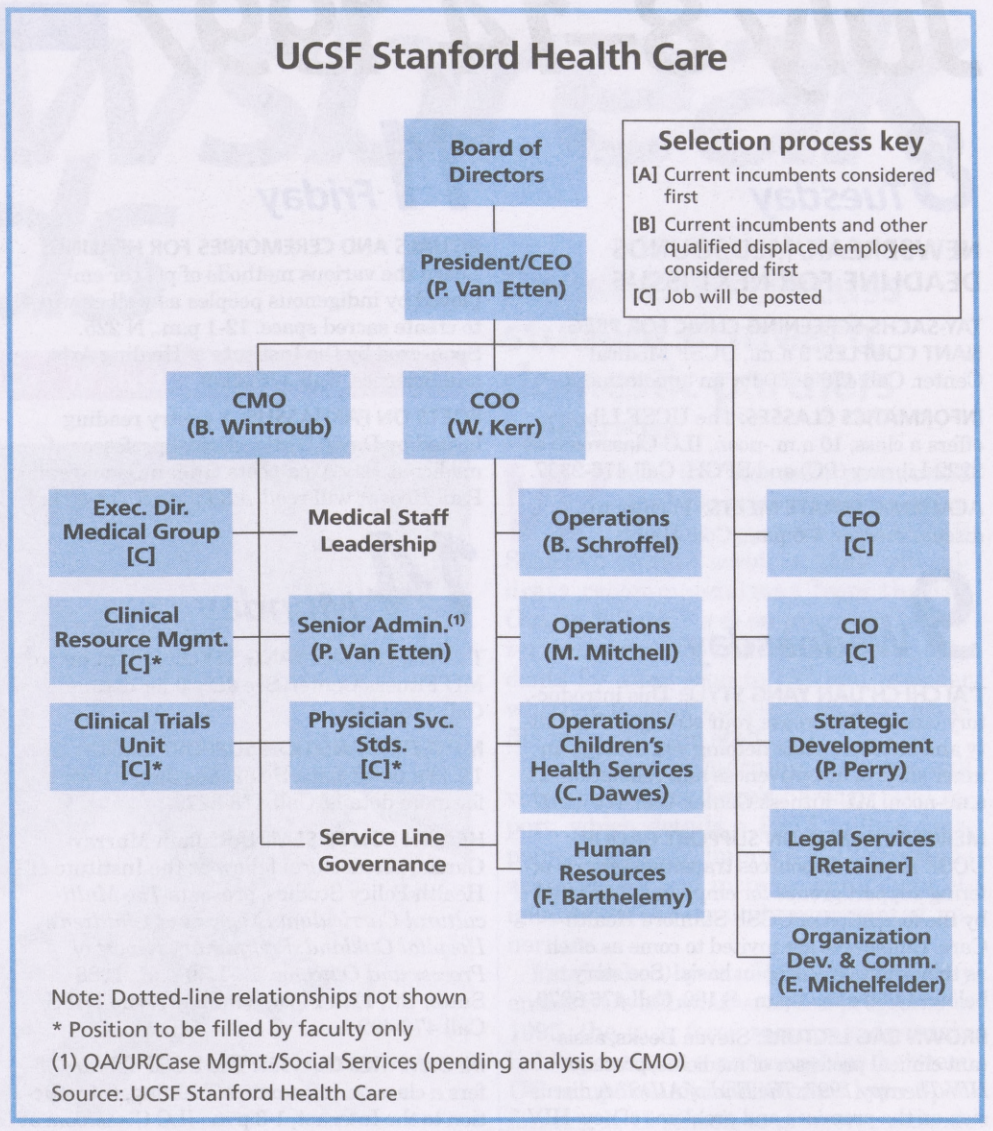
A cardiology service line, for example, might link a variety of departments such as cardiology, electrophysiology, cardiac catheterization, heart surgery, cardiac rehabilitation, and other heart specialties in a single administrative unit that can be marketed to patients and health care organizations.

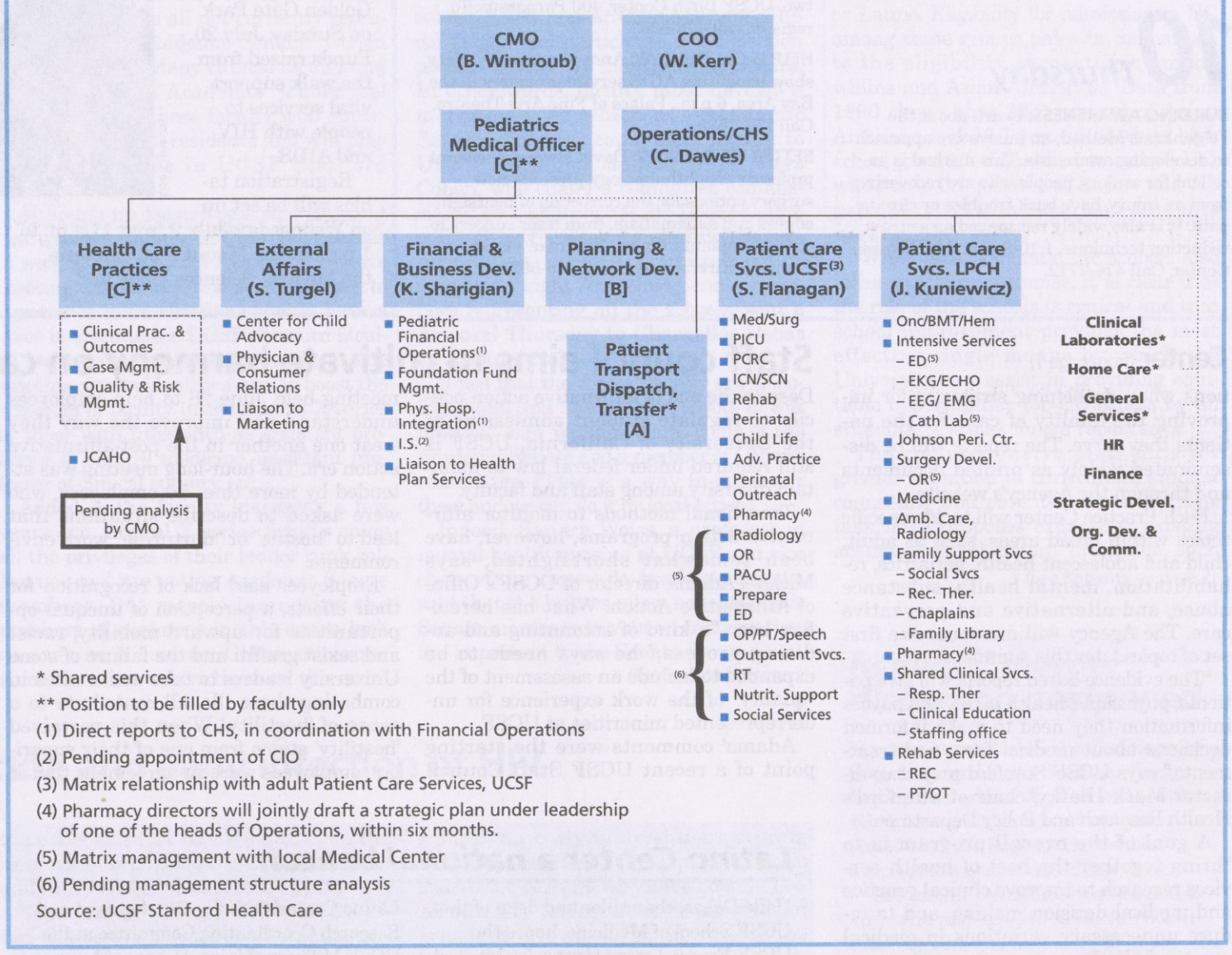
At the outset, UCSF Stanford Health Care expects to operate a handful of service lines — perhaps three or four of the existing adult service lines in addition to one or two pediatric service lines.

Operation of the service lines depends on a partnership between administrative and clinical representatives, Kerr said. The new organization structure calls for the creation of several "liaison" positions to provide this vital coordination between the various groups.

The goal of the new organization design is to create a "sense of a single organization," Kerr said.

"There are great strengths currently within each of our organizations that need to be brought forward to benefit the larger enterprise that we are becoming," Kerr said. "We need to rapidly become a seamless and fully integrated organization, so that patients, referring physicians, payors, and employees alike can derive tangible benefits from this merger."


UCSF Stanford Health Care
Selection process key
[A] Current incumbents considered first
[B] Current incumbents and other qualified displaced employees considered first
[C] Job will be posted
Board of Directors
President/CEO (P. Van Etten)
CMO (B. Wintroub)
COO (W. Kerr)
Exec. Dir. Medical Group [C]
Medical Staff Leadership
Clinical Resource Mgmt. [C]*
Senior Admin.(1) (P. Van Etten)
Clinical Trials Unit [C]*
Physician Svc. Stds. [C]*
Service Line Governance
Operations (B. Schroffel)
Operations (M. Mitchell)
Operations/ Children's Health Services (C. Dawes)
Human Resources (F. Barthelemy)
CFO [C]
CIO [C]
Strategic Development (P. Perry)
Legal Services [Retainer]
Organization Dev. & Comm. (E. Michelfelder)
Note: Dotted-line relationships not shown
* Position to be filled by faculty only
(1) QA/UR/Case Mgmt./Social Services (pending analysis by CMO)
Source: UCSF Stanford Health Care



Pediatrics (from page 1)

develop new areas or services that kids need," Shapiro says. "By coming together, we feel we can avoid unnecessary duplications, combine resources and design a program that covers the needs of both institutions in the way we envision."

Under the new organizational structure, he says, pediatric radiologists, surgeons, anesthesiologists, nurse practitioners, social workers and others will work together in a way they never have before.

"Early on, we reviewed all of the children's programs at both institutions. We candidly evaluated the strengths and weaknesses in terms of clinical care and academic mission."

Some of the 34 different pediatric services, which account for about one-third of all potential activity of UCSF Stanford, are offered only at one institution or the other. For example, UCSF has a pediatric rehabilitation program and Stanford does not. Stanford has a program in physical restoration, which offers prosthetics and amputee services, and UCSF does not. In many cases, however, both institutions offer the same general array of services, Shapiro says.

"We asked ourselves, 'would integrating a program result in any benefit either from a clinical services standpoint or an educational standpoint?' There are some areas where combining would have a high impact and other areas where combining wouldn't have a significant impact over the short-term," says Shapiro.

That process helped them prioritize which program to look at for integration first.

"Pediatric pulmonary medicine is a very good case," he says. Coincidentally, both institutions were embarking on a separate recruiting and rebuilding effort of pediatric pulmonary medicine at about the time the merger talks became serious, Shapiro says. That fact alone made it a logical candidate for integration.

"It is not enough to say that we will have one or two specialists in pediatric pulmonary medicine. There are all sorts of sub-specialists in pulmonary medicine. For example, cystic fibrosis, asthma, bronchopulmonary dysplasia, which is a disease created by aggressively treating premature infants, infectious problems in the lungs, such as pneumonia — all require specific expertise within pediatric pulmonary medicine."

In this particular program, for example, the goal would be to develop a team for each sub-specialty. The cystic fibrosis team might include a physician, an advanced nurse practitioner, social services worker, respiratory therapist and others who would develop a specific expertise in working with children and young adults with this once-fatal, but now treatable chronic disease.

Shapiro says the team could be available two days a week in Palo Alto and two days a week at UCSF for outpatient care. And inpatient management could be done at both facilities. "It's a way to maximize resources," he says.

Integration of advanced children's services also has the potential to improve health care of children in remote regions throughout California as relationships with community pediatricians are coordinated through outreach efforts and state-of-the-art communications technology.

"Our greatest concern is that tertiary care services are not going to be available to those children who really need them for reasons of proximity — the kids are in Humboldt County or Reno — or because many physician multi-specialty groups will not have pediatric-trained specialists and will attempt to use adult-trained specialists to provide these services."

July 8–14, 1997

8 Tuesday

NEWSBREAK/MEDSOUNDS DEADLINE FOR NEXT ISSUE

TAY-SACHS SCREENING CLINIC FOR PREGNANT COUPLES: 9 a.m., UCSF Medical Center. Call 476-4080 for an appointment.

INFORMATICS CLASSES: The UCSF Library offers a class, 10 a.m.-noon, ILC Classroom at 2222 Library (PC) and SFGH. Call 476-2337.

ACADEMIC SENATE MEETS: Faculty to discuss merger, 4-6 p.m., Cole Hall.

9 Wednesday

T'AI CHI CH'UAN YANG STYLE: This introductory class will increase your strength, flexibility and balance, while helping you achieve an inner state of attentiveness and relaxation. 11 a.m.-noon, MU Fitness Center. Call 476-1115.

MERGER TRANSITION SUPPORT GROUP: UCSF Human Resources transition team is offering support groups for employees impacted by the formation of UCSF Stanford Health Care. Employees are invited to come as often as they want on a drop-in basis. (See story below) 11:30 a.m.-1 p.m., S 182. Call 476 8279.

BROWN BAG LECTURE: Steven Deeks, assistant clinical professor of medicine, presents *HIV Therapy 1997: The End of AIDS?* A discussion on the promises and problems of new HIV therapies. 12-1 p.m., N 225. Call 476-4394.

SAN FRANCISCO MOTHERS OF TWINS: Great Expectations for Women's Health sponsors many educational opportunities for expectant parents at the UCSF Birth Center, 400 Parnassus. To register, call 476 6667.

10 Thursday

BUILDING AWARENESS: Learn about the Feldenkrais Method, an innovative approach to developing awareness. This method is excellent for seniors, people who are recovering from an injury, have back troubles or chronic pain. It is also widely recognized as a stress reduction technique, 1:10-2 p.m., MU Fitness Center. Call 476-7712.

11 Friday

RITUALS AND CEREMONIES FOR HEALING: Learn the various methods of prayer employed by indigenous peoples as well as ways to create sacred space. 12-1 p.m., N 225. Sponsored by the Institute of Healing Arts and Sciences. Call 476-3939.

POETS ON PARNASSUS: A poetry reading hosted by David Watts, clinical professor of medicine. Bay Area poets Gillian Conoley and Paul Hoover will read, 4:30 p.m., Toland Hall.

14 Monday

T'AI CHI CH'UAN YANG STYLE: 11 a.m.-noon, MU Fitness Center. See July 9 for details. Call 476-1115.

MERGER TRANSITION SUPPORT GROUP: 11:30 a.m. - 1 p.m., S 182. See July 9 listing for more details. Call 476-8279.

HEALTH POLICY SEMINAR: Jann Murray-Garcia, postdoctoral fellow at the Institute of Health Policy Studies, presents *The Multicultural Curriculum Program at Children's Hospital Oakland: Preliminary Report of Process and Outcome,* 12-1:30 p.m., 1388 Sutter St., 11th Floor, Seminar Room IHPS. Call 476-4924.

INFORMATICS CLASSES: The UCSF Library offers a class on Informatics Training, Introduction to the Internet, 1-3 p.m., ILC Classroom at 2222 Library (PC) and SFGH. Call 476-2337.

HEALTHY PREGNANCY: This class covers physical and emotional changes, weight gain, diet, exercise, avoiding harmful chemicals, fetal development, stress reduction and employment. Cost is $20 for one person, $25 for two, UCSF Birth Center, 400 Parnassus. To register, call 476-6667.

HELP IS ON THE WAY: Annual musical/variety show benefiting AIDS service providers in the Bay Area, 6 p.m., Palace of Fine Arts Theatre. Call 273-1620.

BETTER VISION NOW: David Hwang, assistant professor of ophthalmology, presents new surgery options for the correction of nearsightedness and astigmatism, from laser surgery to corneal implants, 6 p.m., Beckman Vision Center, 8 Kirkham Ave. Call 476-5021.

UPCOMING EVENTS

Childbirth film series

The next series of films sponsored by Great Expectations for Women's Health begins on Wednesday, July 16 with "Childbirth Choices: Options for Labor and Birth." For location, call 476-MOMS.

Parnassus blood drive

A blood drive is scheduled for Wednesday, July 16, from 9 a.m. to 5 p.m. at MU Conference Center. Call 476-6989.

Merger Update

Bruce Wintroub, chief medical officer of UCSF Stanford Health Care, will give a merger update from 5:30 to 7 p.m. on Thursday, July 31 in Cole Hall. The program will be simulcast to Mount Zion's Herbst Hall.

Until There's a Cure Day

Join EMPACT! and the San Francisco Giants to raise money to fight AIDS on Sunday, Aug., 31, when the Giants play the Anaheim Angels at 1 p.m. at 3-com park. For each ticket purchased, one dollar will benefit the Until There's A Cure Foundation, which contributes to the UCSF AIDS Program at SFGH. Free MUNI service will be provided. For more details, call 476-2675.

Retirement meetings

The UCSF Office of Benefits and Financial Planning invites the campus community to meetings to explain the 403(b) Plan and the fundamental concepts of investing. Meetings on the UC Retirement Plan (UCRP) will also explain the Defined Contribution Plan.

All meetings are scheduled for noon to 1 p.m. The meeting dates, locations and topics are as follows:

- July 15: S 214 UCRP
- Aug. 13: S 214, 403(b)
- Sept. 17: MCB Room 126, UCRP

AIDS trek

Join the 400 other UCSF faculty, staff and students who are helping in the fight against HIV by participating in AIDS Walk San Francisco, a 10K trek that begins at 10:30 a.m. in Golden Gate Park on Sunday, July 20. Funds raised from the walk support vital services to people with HIV and AIDS.

Lisa Cisneros

Registration tables will be set up on Wednesday, July 9 from 11 a.m. to 1 p.m. at the Mount Zion cafeteria, the Medical Sciences lobby and Saunders Court. To obtain registration cards for friends, family or neighbors, call 476-6547 or 476-4394.

Center (from page 1)

tions when developing strategies for improving the quality of care for the patients they serve. The reports will be disseminated widely as printed documents and through the Agency's website.

Each Practice Center will tackle specific topics within broad areas, such as adult, child and adolescent health, geriatrics, rehabilitation, mental health, substance abuse, and alternative and preventive care. The Agency will announce the first set of topics later this summer.

"The evidence-based reports will give patients, physicians, health plans, and payers information they need to make informed decisions about medical tests and treatments," says UCSF Stanford project co-director Mark Hlatky, chair of Stanford's Health Research and Policy Department.

A goal of the overall program is to "bring together the best of health services research to improve clinical practice and medical decision making, and to reduce unnecessary variations in medical practice," Hlatky says.

About 40 Stanford and UCSF faculty members will be affiliated with the UCSF Stanford Practice Center. In addition to Washington and Hlatky, the Center's executive committee consists of Alan Garber, Stanford associate professor of medicine; Douglas Owens, Stanford assistant professor of medicine; Harold Luft, UCSF professor of health economics and director of the UCSF Institute for Health Policy Studies; and Deborah Grady, UCSF associate professor of epidemiology and medicine. Research coordinator of the Center is George Sawaya, UCSF assistant professor of ob/gyn & reproductive sciences.

Center researchers will work with UCSF Stanford Health Care to include the broadest range of experts to develop evidence reports.

Staff council aims to cultivate harmony on campus

Despite the end of affirmative action policies to regulate student admissions at the University of California, UCSF is still required under federal law to maintain diversity among staff and faculty.

Traditional methods to monitor affirmative action programs, however, have been somewhat shortsighted, says Michael Adams, director of UCSF's Office of Affirmative Action. What has heretofore been "a kind of accounting and auditing process," he says needs to be expanded to include an assessment of the "quality" of the work experience for underrepresented minorities at UCSF.

Adams' comments were the starting point of a recent UCSF Staff Council meeting held June 26 to help employees understand and improve the way they treat one another in the post-affirmative action era. The hour-long meeting was attended by more than 50 employees, who were asked to describe situations that lead to "hostile" or "nurturing" work environments.

Employees said lack of recognition for their efforts, a perception of unequal opportunities for upward mobility, racist and sexist graffiti and the failure of some University leaders to take active roles in combating these ills, all contribute to a sense of 'hostility.' When this perceived 'hostility' stems from one of their superiors, employees were in agreement that it can be very difficult to take a first step toward adressing the issue, but the effort can be worthwhile. "I confronted my boss and I got an apology," said one employee, who said she was treated disrespectfully.

Employees said supervisors who instigate information-sharing in the workplace and who show outward signs of civility toward employees help create a strong sense of community.

"My boss listens to what I say on both the work and personal level," says Phyllis Morton, an administrative assistant who attended the forum. "I might get booed for this, but I feel a strong sense of community here at UCSF." One way the University can build upon this, she says, is to create incentives for employees to become more involved in University sponsored events both on and off campus.

The Staff Council plans to hold additional meetings to foster harmony on campus at Mount Zion and Mission Center. "The purpose," says Paul Riofski, council chair, "is to cultivate and encourage a working environment in which we feel comfortable to come to work and be ourselves."

— Brad Foss

Latino Center a national beacon

Haile Debas, chancellor and dean of the UCSF School of Medicine, hopes the UCSF-Fresno Latino Center for Medical Education and Research can become a "resource and a beacon for the state and the nation" in the recruitment of underrepresented minorities into medical schools and the field of research.

"One of the tools we have used to achieve this goal is no longer available," Debas said, referring to the 1995 vote by UC Regents to ban affirmative action in admissions, contracting and hiring. "In truth, I must say that we fell short of our goal even when we had the option of affirmative action with respect to the Mexican-American population."

Debas noted that "less than 12 percent of the UCSF student body is Mexican-American while the state's population exceeds 30 percent. Even worse, only about one-half of 1 percent of our UCSF faculty are Mexican-American."

Speaking at a June 27 meeting of the Latino Center's Faculty Development and Research Coordinating Committee at the UCSF Millberry Union, Debas said Fresno "has much to offer as a site for scholarly endeavors" and that "the existence of teaching programs in a rich variety of clinical settings provides outposts for much needed research on farm worker issues, Latino specific health problems, Hmong and Lao health concerns, ambulatory care, rural medicine and the special epidemiological characteristics of the region."

"These programs also give us the means to identify prospective faculty members and provide them with the research skills, role models and mentoring that are required in order to pursue an academic career," Debas said.

Headed by Katherine Flores, a family physician and assistant dean at UCSF-Fresno, the UCSF-Fresno Latino Center opened in Fresno last October.

— Joe Rosato

Counseling available

Employees are invited to come to transition support groups as often as they want on a drop-in basis. Lois Goodwill of the Faculty and Staff Assistance Program will facilitate the meetings, which will be held from 11:30 a.m.-1 p.m. on Mondays and Wednesdays in S 182 and Thursdays in C 136A at UCSF/Mount Zion, 2200 Post. Friday sessions will be held in MCB 131, 1855 Folsom St. on July 11, 18 and Aug. 1, in MCB 3 on July 25 and in MCB 670 on Aug. 8.

For more information, call 476-8279.